

Labor Organization Officer
and Employee Report

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

OMB No. 1214-0001 12/31/86

1. Name and address of person filing James La Sala Third Floor 5025 Wisconsin Avenue, N.W. Washington D.C. 20016		2. Name and address of labor organization Amalgamated Transit Union Third Floor 5025 Wisconsin Avenue, N.W. Washington D.C. 20016		AFL-CIO AFL-CIO Building 815 16th Street, NW Washington, DC 20006	
3. Position in labor organization President; VP, Executive Council Mbr.		4. Date fiscal year ended December 31, 2001		5. File number (if assigned) 41076	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer	Address of Employer
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7. Nature of Interest, Transaction or Income

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business ULLICO Inc. and The Union Labor Life Insurance Company, 111 Massachusetts Ave., N.W., Washington D.C. 20001	Address of business
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9. Business deals with— <input type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	10. If 9B or 9C is checked give trust or employer's name
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11. Nature and approximate dollar value of such dealings The ATU has insurance policies with Union Labor Life for which \$1,062,466.58 in premiums was paid. Affiliated local unions and Funds, in which they have an interest, also carry policies with Union Labor Life. Mr. La Sala, as a member of the Executive Council, is also insured under group policies issued to the AFL-CIO by Union Labor Life for which \$3,372,386.02 in premiums was paid for coverage of all eligible employees of the AFL-CIO. The ATU, affiliated local unions, and Funds, in which they have an interest, have pension plan contracts with Union Labor Life to which deposits may be made.

12. Nature of interest held or income received

Director's Fees and Fees for attending Directors Meetings- \$6,500.00
1/16/01 ULLICO Inc. repurchased 750 shares of Class A Stock at \$146.04 per share for \$109,530
ULLICO Inc. Capital Stock, \$25.00 par value - 602 shares

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer <input type="checkbox"/> or consultant <input type="checkbox"/>	14. Nature of payment
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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: James La Sala at _____ City _____ State _____ on _____ Date _____